



Application for Deferred Payments

Applicant(s) Information

Please fill out form completely.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	MI	Last Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
Street Address		City		State Zip
Mailing Address (if different)		City		State Zip
Former Address (if at current address less than five (5) years)		City		State Zip
Social Security No.	Birthdate (mm/dd/yr)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated		Phone (include area code)
Name of Employer(s)	Address	City	State	Zip
How Long in Present Job? Yrs. Mos.	Monthly Gross Salary	Immediate Supervisor's Name		Phone (include area code)

References

Bank Branch	Address	City	State	Zip
Credit Reference	City	State	Account No.	
Credit Reference	City	State	Account No.	
Name of Present Landlord or Mortgage Company	Phone (include area code)		Mortgage Loan No.	
Address	City	State	Zip	
Name of Closest Relative Not Living With You		Phone (include area code)		
Address	City	State	Zip	

The foregoing statement is submitted to induce the State of Washington to enter into a deferred payment contract for the sale of real estate. I certify that this information is true and correct. Additionally, permission is hereby granted to the state to contact any person(s) listed above and to order any credit report(s) deemed necessary to determine my credit worthiness.

Applicant Signature

Date

Co-Applicant Signature

Date

Inventory Control No.: _____